

AHS Board and Executive Expense Report

Name Dr. Brian Postl
Title Quality Assurance and Patient Safety Advisory Committee
Location Winnipeg
 Expenses submitted during the month of November 2018

			Travel (1)							
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Nov-18	Expense Claim	Meetings	535	30		157	722			
Nov-18	Direct Billing	Meetings			204		204			
Total			\$ 535	\$ 30	\$ 204	\$ 157	\$ 926	\$ -	\$ -	\$ -

Total for the Month \$ 926

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 190
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.



Employee # [REDACTED]

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION			
Name:	Dr. Brian Postl	Expense Period Month:	Nov-18
Address:	[REDACTED]	City:	[REDACTED]
Province:	[REDACTED]	Postal Code:	[REDACTED]
		Country:	[REDACTED]
Reason for Expense	Attended Quality & Safety Committee Meeting on November 21, 2018 in Edmonton.		

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$29.95 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$691.73 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$721.68 ✓

SECTION 3: AUTHORIZATION			
I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.			
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.			
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant with all the above statements	Date	Phone#
Dr. Brian Postl	<i>See below for signature</i>		[REDACTED]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.			
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.			
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.			
Approved by (Print Name)	Position Title/Program Group	Date	
Linda Hughes	Board Chair	<i>Dec 12/18</i>	
Signature: I, by signing this form, attest that I am compliant with all the above statements		Date	
<i>[Signature]</i>		<i>Dec 4/18</i>	

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of processing this claim.

Deborah Rhodes Dec 5/18
Deborah Rhodes, VP Corporate Services & CFO

For payment please submit to: Position # [REDACTED] DOFA Level: [REDACTED]
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

Carry forward from Section 1

Name:	Dr. Brian Postl	Expense Period Month:	Nov-18
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Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
20-Nov-2108	Parking at Winnipeg Airport to fly to Edmonton to attend Quality & Safety Committee Meeting on November 21, 2018.	Yes					\$38.50	✓		
20-Nov-2018	Flight from Winnipeg to Edmonton and return.	Yes					\$535.23	✓		
20-Nov-2018	Taxi from YEG to hotel.	Yes					\$63.00	✓		
21-Nov-2018	Taxi from SSP to YEG.	Yes	BD-\$29.95	\$29.95	✓		\$55.00	✓		
Total: (amount auto fills to page 1)			\$29.95		\$0.00	\$0.00	\$691.73	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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WAA

R3H 1C2 Winnipeg
GST 136628591

ECASH 3 le 21/11/18 21:27
Receipt [REDACTED]

Parking Ticker
Park - No. [REDACTED]
20/11/18 19:22
21/11/18 21:27
Period 1d2h6'

\$38.50

Total ----- \$38.50

Payment Received
RID [REDACTED]
PIX [REDACTED]
CARD [REDACTED]
AUTHORIZ [REDACTED]
PURCHASE CAD38.50
APPROVED

Sub Total \$38.50 ✓

All Amounts in CAD.

09602746 . 1/1

Please do not reply to this email.
For any questions or further assistance, contact your service center using the information shown below

myCWT | Your E-ticket

[VIEW YOUR ITINERARY ONLINE](#)

Trip on 20 Nov 18

Trip locator: [REDACTED]

Date: 02 Nov 18

Traveler Dr Brian David POSTL
Service Center CARLSON WAGONLIT TRAVEL
CA/US 1-866-855-9850
Direct Intl 314-513-0807collect
Emergency Travel Service After hours - same as above
Email [REDACTED]

YOUR TRIP IS NOW FULLY CONFIRMED

Air E-Ticket Issued [REDACTED]

Notes for your trip

PLEASE REVIEW YOUR ITINERARY AND CONTACT CWT IMMEDIATELY IF CHANGES ARE REQUIRED. THANK YOU FOR YOUR BUSINESS. IF YOU WILL NOT BE TRAVELLING ON THIS TICKET PLEASE CONTACT YOUR COUNSELLOR PRIOR TO SCHEDULED DEPARTURE. THIS TICKET MAY BE SUBJECT TO PENALTIES OR FARE INCREASE. CHANGES MAY BE SUBJECT TO A PENALTY OR FARE INCREASE UP TO AND INCLUDING THE TOTAL COST OF THE TICKET. FAILURE TO CANCEL MAY FORFEIT THE TOTAL VALUE OF THE TICKET. FARES ARE SUBJECT TO CHANGE WITHOUT NOTICE. NOT GUARANTEED UNTIL TICKETED. CHANGES MAY INCREASE THE FARE.

⚠ IMPORTANT INFORMATION

Please note a printed version of this document may be required by authorities to access check-in areas. The information provided is correct at the time of sending.

By offering travel to particular international destinations, CWT does not represent or warrant that travel to such destinations is advisable or without risk, and is not liable for damages or losses that may occur from travel to such destinations.

You are responsible for ensuring that you meet foreign entry requirements and that your travel documents, such as passports and visas (transit, business, tourist, and otherwise), are in order and any other foreign entry requirements are met. CWT has no special knowledge regarding foreign entry requirements or travel documents. We urge customers to review travel prohibitions, warnings, announcements, and advisories issued by the relevant governments prior to booking travel to international destinations. When you receive your travel document, please verify it immediately. If you have any questions, contact your Service Center.

⚠ CHECK IN AND SECURITY INFORMATION

Please allow sufficient time for check-in and security procedures – minimum times vary according to suppliers, airports, train stations. Recommended times can be found on supplier website or via CWT if required.

ONLINE SERVICE (Please note some suppliers may not offer the service on some of their routes)

Air Canada : Check in - Time limits | Westjet: Check in

Tue 20 November, 2018

E-Ticket [REDACTED] / Booking Reference [REDACTED]

Flight WESTJET WS573

 DEPARTURE **Winnipeg (YWG)** 8:50PM - 20 Nov 18
ARRIVAL **Edmonton (YEG)** 9:59PM - 20 Nov 18
Please allow sufficient time for check-in and security procedures

Booking status	Confirmed	Flight duration	02:09 (non-stop)
Equipment	Boeing 737-700 (Winglets)		
	Passenger		
Seat	06C	Frequent flyer card	[REDACTED]
Class	Economy/Coach (B)		
Free baggage allowance for adult traveler		1PC (Piece)	

Wed 21 November, 2018

E-Ticket [REDACTED] Booking Reference [REDACTED]

Flight AIR CANADA AC8518 (operated by /AIR CANADA EXPRESS - JAZZ)

 DEPARTURE **Edmonton (YEG)** 6:15PM - 21 Nov 18
ARRIVAL **Winnipeg (YWG)** 9:27PM - 21 Nov 18
Please allow sufficient time for check-in and security procedures

Booking status	Confirmed	Flight duration	02:12 (non-stop)
Equipment	De Havilland Dhc-8 Dash 8-400		
	Dash 8q		
Seat	04C	Frequent flyer card	[REDACTED]

GENERAL INFORMATION

RESERVATIONS MUST BE BOOKED IN THE EXACT NAME ON THE TRAVELLER'S PASSPORT OR I.D. ENTRY TO ANOTHER COUNTRY MAY BE REFUSED EVEN IF THE REQUIRED INFORMATION AND TRAVEL DOCUMENTS ARE COMPLETE.

FOR ASSISTANCE DURING BUSINESS HOURS 830AM-500PM CT M-F CALL 866-855-9850 OR IF OUTSIDE US/CA 1-314-513-0807.

IF YOU HAVE CUSTOMER SERVICE FEEDBACK OR A CONCERN REGARDING COMPLETED TRAVEL--PLEASE CONTACT US AT 1-866-509-3024 OR EMAIL CWTCS.CA AT CONTACTCWT.COM

YOUR AFTER HOURS ID CODE IS S/D4VG-ZXB

THE DEPARTMENT OF HOMELAND SECURITY INFORMATION REQUIRED TO BE COLLECTED FROM YOU OR YOUR PROFILE WAS SENT TO THE TSA WHO MAY BE IN CONTACT WITH YOU FOR ADDITIONAL INFORMATION. TO VIEW THE TSA PRIVACY POLICIES THE RECORDS NOTICE OR THE PRIVACY IMPACT ASSESSMENT GO TO WWW.TSA.GOV. RECOMMENDED CHECK-IN FOR DOMESTIC FLIGHTS- 90 MINUTES PRIOR TO DEPARTURE. ALL TRAVELLERS WHO APPEAR TO BE AGE 12 AND OVER WILL BE ASKED FOR GOVT ISSUED PHOTO ID INDICATING NAME/BIRTHDATE AND GENDER. ALTERNATIVELY 2 PIECES OF NON-PHOTO ID WOULD BE ACCEPTED PROVIDING ONE CONTAINS THE DETAILS ABOVE.

FARE INFORMATION

AC FARE TYPE - FLEX

60 DAYS OR LESS CHANGES PERMITTED FOR A FEE OF 50.00 PER FARE COMPONENT

61 DAYS OR MORE CHANGES PERMITTED FOR A FEE OF 25.00 PER FARE COMPONENT

PLUS ANY FARE DIFFERENCE IF THE CHANGE IS MADE PRIOR TO THE DEPARTURE TIME OF EACH TICKETED FLIGHT SEGMENT. SAME DAY FLIGHT TIME CHANGES CAN BE MADE AT THE AIRPORT FOR A FLAT FEE OF 75.00 PLUS TAX.

ALL FARES ARE NONREFUNDABLE. A CREDIT FOR FUTURE TRAVEL CAN BE USED WITHIN ONE YEAR SUBJECT TO A FEE OF CAD50.00 PER FARE COMPONENT PLUS ANY FARE INCREASE.

WESTJET FLEX CANADA TRAVEL FARE RULES VALID ONLY ON WESTJET.

CHANGES/CANCELLATIONS PERMITTED UP TO TWO HOURS PRIOR TO DEPARTURE TIME SUBJECT TO ANY APPLICABLE FARE DIFFERENCE. THIS FARE IS NONREFUNDABLE. A CREDIT FOR FUTURE TRAVEL CAN BE USED WITHIN ONE YEAR SUBJECT TO ANY APPLICABLE FARE DIFFERENCE.

COMPLIMENTARY ADVANCE SEAT SELECTION.

WESTJET WEB CHECKIN IS AVAILABLE 24 HOURS PRIOR TO DEPARTURE AT WWW.WESTJET.COM.

PLEASE RECONFIRM FLIGHT TIMES 24 HOURS PRIOR DEPARTURE DIRECTLY WITH WESTJET AT 1-800-538-5696.

--- ATTENTION E-TICKET TRAVELLERS ---

E-TICKET TRAVELLER MAY BE REQUIRED TO SHOW PHOTO I.D. OR PURCHASING CREDIT CARD.

E-TICKET WILL NOT BE ACCEPTED BY OTHER CARRIERS.

FOR THE MOST CURRENT INFORMATION ON AIRPORT SECURITY PLEASE CHECK WWW.CATSA-ACSTA.GC.CA

PLEASE VISIT WWW.CARLSONWAGONLIT.COM/AIRLINEBAGGAGEFEES FOR BAGGAGE FEE INFORMATION.

CHECK OPERATING CARRIER FOR BAGGAGE FEE/CHECK IN DETAILS IF TRAVELING ON A CODE SHARE FLIGHT.

THE DEPARTMENT OF TRANSPORTATION REQUIRES CWT TO PROVIDE INFORMATION REGARDING THEIR INSECTICIDE WEBSITE WWW.DOT.GOV/OFFICE-POLICY/AVIATION-POLICY/

AIRCRAFT-DISINSECTION-REQUIREMENTS

FOR A COMPLETE LIST OF COUNTRIES THAT UTILIZE AEROSOL INSECTICIDE SPRAYS

THIS TICKET AND ANY CHANGES MAY BE SUBJECT TO PENALTIES OR FARE INCREASE UP TO AND INCLUDING THE TOTAL COST OF THE TICKET FAILURE TO CANCEL MAY FORFEIT THE TOTAL VALUE OF THE TICKET

CARLSON WAGONLIT TRAVEL
220-444 ST MARY AVENUE

WINNIPEG R3C 3T1

GST REG R113405179 QST REG 1214845322

RESERVATIONS 1-866-855-9850

E-TICKETS AND FARE DETAILS

Base	:	CAD 210.00
Other Taxes	:	37.12
V.A.T/HST/GST	:	12.36
QST	:	
Total Ticket	:	259.48

Service Fees:

Invoice [REDACTED] Issued: 02 Nov 18

Base	:	CAD 31.00
Other Taxes	:	
V.A.T/HST/GST	:	1.55
QST	:	
Total Fees	:	32.55

Ticket: POSTL BRIAN DAVID

Invoice [REDACTED] Issued: 02 Nov 18

Base	:	CAD 199.50
Other Taxes	:	32.12
V.A.T/HST/GST	:	11.58
QST	:	
Total Ticket	:	243.20

Total amount : **535.23** ✓

Form of payment: [REDACTED]

Airline may charge an extra fee for credit/debit card payment

This itinerary and receipt constitutes the air "passenger ticket" for the purposes of the Montreal and Warsaw Convention Regime as well as the confirmation of the reservation for other travel services (such as hotel accommodations, car rentals, etc.). Each traveler listed on this document agrees to the [terms and conditions](#) which are part of these reservations. CWT is committed to protecting your personal data and privacy. Read CWT's [Traveler Notice](#) to understand what information CWT collects and why, how CWT uses it and stores it, and how to review and update it.

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2018/11/20
TIME 7597 22:41:34
INVOICE # [REDACTED]
RECEIPT NUMBER
[REDACTED]

PURCHASE
TOTAL

\$63.00 ✓

Visa Credit
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 86895 1492 RT0001

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2018/11/21
TIME 7644 14:27:33
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
TOTAL

\$55.00 ✓

Visa Credit
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

CAPITAL 780.423.2425
24.7 TAXI 780.442.4444
EDMTAXI.COM
GST 100403070

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for Public Disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

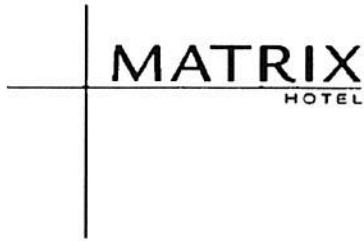
Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

Name : Dr. Brian Postl	Reporting Period for the Month of : Nov-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
20-Nov-18	Direct Billing	Hotel	One night accommodation to attend Quality & Safety Committee Meeting on November 21, 2018 in Edmonton.	Vision Travel	\$203.53
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
Total Paid in the Month					\$ 203.53



AB Health Services
Accounts Payable



Room No. [Redacted]
Arrival : 11-20-18
Departure : 11-21-18
Folio No. [Redacted]

Guest Name: Postl, Brian
Cost Centre: 101.0005.71110300000
Approving Manager: [Redacted]
Email: [Redacted]

Invoice No. [Redacted]
AR No. [Redacted]
Conf. No. [Redacted]

INVOICE

Date	Description	Charges	Credits
11-20-18	Room Revenue	190.00	
11-20-18	Destination Marketing Fee	5.70	
11-20-18	Tourism Levy	7.83	
		Total Charges	
		203.53	
		Total Credits	0.00
		Balance	203.53